## **RESPONSE UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 2135**

Attorney Docket No. 9400-209CT (00379CON1)

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Jeffrey A. Aaron et al.

Group Art Unit: 2135 Examiner: Nirav B. Patel

Serial No.: 10/811,585 Filed: March 29, 2004

Confirmation No.: 2073

For:

FIREWALL SYSTEM AND METHOD VIA FEEDBACK FROM BROAD-SCOPE

MONITORING FOR INTRUSION DETECTION

Date: May 13, 2008

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## PETITION AND FEE FOR EXTENSION OF TIME (37 C.F.R. § 1.136(a))

1.	This is a petition for an extension of time for a total period of THREE (3) months							
respo	ond to the final Offic	ial Action dated October 22,	2007.					
2.	A response in connection with the matter for which this extension is requested:							
	$\boxtimes$	is filed herewith.	•					
	has been filed.							
3.	Applicant:							
	Claims	small entity status. See 37 (	CFR 1.27.					
	Does n	ot claim small entity status.						
4.	Calculation of extension fee (37 C.F.R. § 1.17(a)-(d)):							
	Total Months	Fee For Other	Fee for					
	Requested	Than Small Entity	Small Entity					
П	one month	\$120.00	\$60.00					
$\sqcap$	two months	\$460.00	\$230.00					
図	three months	\$1,050.00	\$525.00					
	four months	\$1,640.00	\$820.00					
$\overline{\Box}$	five months	\$2,230.00	\$1,115.00					

Fee Enclosed \$1,050.00

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR <b>PATENT</b> FEE REFUND									
1 Date of Request: 09/25/08 2 Seria			al/Patent #10/811,585						
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DA'	TE LED	6 AMOUNT			
	Filing						\$		
	Amendment	·	i				\$		
Х	Extension of Time				05/13	3/08	\$ 1,050.00		
	Notice of Appeal/Appeal						\$		
	Petition						\$		
	Issue						\$		
	Cert of Correction/Terminal	Disc.					\$		
	Maintenance						\$		
	Assignment						\$		
	Other						\$		
			7 TOTAL AMOUNT \$1,050			\$ 1,050.00			
		8 TO BE REFUNDED BY:							
10 REASON:			Т	Treasury Check					
	Overpayment		X Credit Deposit A/C #:				osit A/C #:		
	Duplicate Payment			9 5	5 0 -	0	2 2 0		
X	No Fee Due (Explanation):		<u> </u>			-			
Extension of time - unnecessary									
·									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: A. Kelley				T	ITLE:	F	Petitions Examiner		
SIGNATURE:				P	HONE:		2-6059		
OFFICE: Office of Petitions									
THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED:  DATE:									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)